



COUNTY OF WEBB
NEIGHBORHOOD EMPOWERMENT ZONE (NEZ), NUMBER ONE PROGRAM

PROJECT CERTIFICATION APPLICATION

I. Application Checklist – please submit the following documentation

- A completed application form
- **Non Refundable Application fee** – For basic incentives application **excluding** Tax Abatement, the application fee is \$100.00. For multi-family, commercial, industrial, commercial facilities, and mixed-use tax abatement application; 0.5% of the total Capital Investment of the project, with a \$150.00 minimum and not to exceed \$1,000.00; for residential **tax abatement** applications: \$100.00 per house.
- Proof of ownership, such as a warranty deed, affidavit of heirship, or a probated will **OR** evidence of site control, such as option to buy (**A registered warranty deed is required for a tax abatement application**)
- A reduced 11 x 17 floor plan, site plan, and site elevation with a written detailed project description that includes a baseline performance standard and a construction time
- A detailed line item budget showing the cost breakdown for the project

Incomplete applications will not be processed for certification until all required documents shown in the above checklist are submitted within 30 days after the application is received.

You must apply for tax abatement before any building permits are issued for your property and before any improvements are made to your property. It takes 30-60 business days to complete the Tax Abatement Agreement approval process after the issuance of the NEZ Certification depending on the complexity of your project. All building permits must be pulled within the 12 month period that certification was approved, or within 12 month period that the tax abatement was approved or you will be required to re- apply for NEZ incentives.

II. Applicant/Agent Information

1. Applicant: _____
2. Contact Person: _____
3. Address: _____
 Street City State Zip
4. Phone: _____
5. Fax No: _____
6. E-mail: _____
7. Agent (if any): _____
8. Address: _____
9. Phone No: _____
10. E-Mail: _____

PROJECT ELIGIBILITY

1. Please list down the addresses and legal descriptions of the project. Attach metes and bounds description if no address or legal description is available. Attach a map showing the location of the project.

Table 1 Property Ownership

[illegible]

2. For each property listed in **Table 1**, please check the boxes below to indicate if:

There are taxes past due or:

There are City liens; or

You (meaning the applicant, developer, associates, agents, principals) have been subject to an Order of Demolition where the property was demolished within the last 5 years.

Table 2 Property Taxes and Liens

Address	Property Taxes Due	Weed Liens	Board-up/Open Structure Liens	Demolition Liens	Paving Liens	Order of Demolition
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please see attached sheets of paper as needed)

If there are taxes due or liens against any property in the City of Laredo you may not be eligible for NEZ incentives.

3. Does the proposed project conform with the City of Laredo zoning? ☐ Yes ☐ No

If no, what steps are being taken to ensure compliance? _____

4.

Project Type:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Community Facilities	<input type="checkbox"/> Mixed-Use
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☐ Owner Occupied

☐ Rental Property

5. Please describe the proposed residential or commercial project and provide 11 X 7 drawing: _____

6. If your project is commercial, industrial, or mixed-use project, please describe the types of business that is being proposed: _____

7. Is this new construction or rehabilitation project? ☐ New Construction ☐ Rehabilitation

8. How much is the total development cost of your project? _____

9. Will the eligible rehabilitation work equal to at least 20% of the Webb County Appraisal District (WEEBCAD) assessed value of the structure during the year rehabilitation occurs? ☐ Yes ☐ No

- Eligible rehabilitation includes only physical improvements to real property. It does NOT include: Front yard fencing consisting of chain-link or solid material construction; personal property such as furniture, equipment, and/or supplies. Total eligible rehabilitation costs shall equal to 20% of WEEBCAD appraised value of the structure during the year rehabilitation occurs.

10. How much is the total square footage of your project? _____ sq. ft.

11. For a single family homeownership, mixed-use, or multi-family development project, please fill out the number of residential units.

Table 3 Number of Residential Units

Number of Units	Percentage

12. For a commercial, industrial, or community facilities project, indicate square footage of non-residential space.

Commercial	Industrial	Community Facilities

13. What is your Capital Investment*** for this project? Please use the following table to provide the detail and amount of your Capital Investment (Attach additional sheets if necessary).

Table 4 Itemized Budget of the Project

Item	Amount	Notes
TOTAL		

***Capital investment includes only real property improvements such as new facilities and structures, site improvements, facility expansion, and facility modernization. Capital investment DOES NOT include land acquisition costs and/or any existing improvements, or personal property (such as machinery, equipment, and/or supplies or inventory).

14. For a mixed-use project, please indicate the percentage of all uses in the project in the following table.

Table 5 Percentages of uses in a Mixed Use Project

Type	Square Footage	Percentage
TOTAL		

III. INCENTIVES-What incentives are you applying for?

Municipal Property Tax Abatements

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> 5 years | <input type="checkbox"/> More than 5 years | <input type="checkbox"/> Apartments |
| <input type="checkbox"/> Residential Owner Occupied | <input type="checkbox"/> Residential Rental Property | <input type="checkbox"/> Commercial |

Development Fee Waivers

- | | |
|--------------------------|---|
| <input type="checkbox"/> | All building permit related fees |
| | Building, Plumbing, Electrical, and Mechanical Permit Fees |
| | Plans Review Fee |
| | Fire Inspection |
| <input type="checkbox"/> | Plat application fee (including concept plan, preliminary plat, final |
| <input type="checkbox"/> | plat, short form replat) Zoning application fee |
| <input type="checkbox"/> | Floodplain Fees |
| <input type="checkbox"/> | Demolition Fees |
| <input type="checkbox"/> | Right of Way (curb, street cut) Fees |
| <input type="checkbox"/> | Sprinkler System fees |
| <input type="checkbox"/> | Waste Permit fees (meter) |

IV. ACKNOWLEDGMENTS

I hereby certify that the information provided is true and accurate to the best of my knowledge.

I understand that the approval of fee waivers and other incentives shall not be deemed to be approval of any aspect of the project and that the application must be ratified by the City Council. I understand that I am responsible in obtaining required permits and inspections from the City and in ensuring the project is located in the correct zoning district.

PRINTED OR TYPED NAME

AUTHORIZED SIGNATURE

DATE

Please mail or fax your application to:
Economic Development Department

1200 Washington St, Laredo, Texas 78040

P: 956.523.4605 F: 956.523.5064

Electronic version of this form is available on the Webb County website. For more information on the NEZ program, please visit our website at www.webbcountytx.gov/economic_development

For Office Use Only

Application No. _____ In which NEZ? _____ Council District _____

Application Completed Date: _____ Conform with Zoning? ☐ Yes ☐ No

Type: ☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Industrial
☐ Community Facilities ☐ Mixed Use

Construction Completion Date: ☐ before NEZ ☐ after NEZ

Ownership/Site Control ☐ Yes ☐ No

WEBBCAD Account No. _____ Consistent with the NEZ plan? ☐ Yes ☐ No

Minimum Capital Investment? ☐ Yes ☐ No

Rehabilitation at or higher than 20%? ☐ Yes ☐ No Meet Mixed-Use Definition ☐ Yes ☐ No

Tax current on this property? ☐ Yes ☐ No City liens on this property? ☐ Yes ☐ No

Tax Current on other properties ☐ Yes ☐ No City liens other properties? ☐ Yes ☐ No

This Property

Other Properties

Weed Liens ☐ Yes ☐ No

☐ Yes ☐ No

Board-up/open structure liens ☐ Yes ☐ No

☐ Yes ☐ No

Demolition liens ☐ Yes ☐ No

☐ Yes ☐ No

Paving liens ☐ Yes ☐ No

☐ Yes ☐ No

Order of Demolition ☐ Yes ☐ No

☐ Yes ☐ No

Certified? ☐ Yes ☐ No

Date certification issued? _____

If not certified, reason _____

Referred to: _____